

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-619)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
1						
2	X					
3						
4						
6						
6						
7						
8						
9						
10						
11						
12						
13						
14						
16						
16						
17						
18						
19	X					
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
36						
36						
37						
38						
39						
40						
41						
42						
43						
44						
46						
46						
47						
48						
49						
50						
TOTAL	4					
TOTAL	15					
TOTAL						

	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.
61						
62						
63						
64						
66						
66						
67						
68						
68						
69						
70						
71						
72						
73						
74						
75						
76						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
96						
96						
97						
98						
99						
100						
TOTAL						
TOTAL						
TOTAL						

TOTAL 19 6/2/81 6/2/81 6/2/81

1/2/81 1/2/81 1/2/81